

AUTO CR - LOG SUMMARY #1075372

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident				Finding	Entered By	Entered Date
				NO AFFIDAVIT	DAUN, SHERRY	17-JUN-2015

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Reporting Party Victim	[REDACTED]					F		[REDACTED]	

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
22-MAY-2015 12:00 - 22-MAY-2015 12:00	[REDACTED]	2523	025	290 - RESIDENCE	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
CPD Employee Accused	PORRATA, SHYLAH	5765	[REDACTED]	016 /	POLICE OFFICER	OFF Duty	The reporting party alleged that the accused officer, her step niece, entered her residence without her permission and questioned her about the medical condition of her mother, [REDACTED]. The reporting party alleged that the accused falsely accused her of "over medicating" her mother and had a police report completed. The reporting party alleged that the accused has interfered with her mother's medical treatment and had her hospitalized against her will. (Note: The reporting party has been caring for her mother for over 8 years.) The reporting party further alleged that the accused officer made a racial remark when she asked, "Who let the 'nigger' into the house."

Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Victim/Subject	[REDACTED]							[REDACTED]	

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
Reporting Party Victim	[REDACTED]	PORRATA, SHYLAH	NIECE
Reporting Party Victim	[REDACTED]	[REDACTED]	MOTHER

Incident Details

CR Required?		Manner Incident Received?	BELL
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	Y
EEO Complaint No.:		Civil Suit Settled Date:	
Civil Suit No.:		Notify Chief?	
Notify Chief Administator?	N	Notification Does Not Apply?	N
Notify Coordinator?			
Notification Other?	N		

Incident Category List

Incident Category	Primary?	Initial?
05L - OPS SUBCODE 05L	Y	Y
05L - GROUP 05 - OFFICE OF PROFESSIONAL STANDARDS INVESTIGATIONS DOMESTIC INCIDENT - NOT PHYSICAL		N

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
KILLEN, BRIAN	Primary	DOMESTIC VIOLENCE	29-MAY-2015	27-AUG-2015	10-JUN-2015	12
KILLEN, BRIAN	Primary	DOMESTIC VIOLENCE	15-JUN-2015	15-JUL-2015	15-JUN-2015	0
DAUN, SHERRY	Supervisor	DOMESTIC VIOLENCE	28-MAY-2015	26-AUG-2015	10-JUN-2015	
DAUN, SHERRY	Supervisor	DOMESTIC VIOLENCE	15-JUN-2015	15-JUL-2015	15-JUN-2015	

Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments

Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
PORRATA, SHYLAH	1	Entered [REDACTED] residence without permission.	05L OPS SUBCODE 05L	MISCELLANEOUS	NO AFFIDAVIT
PORRATA, SHYLAH	2	Made a racial remark by saying, "Who let the nigger into the house?"	001 GROUP 01 - VERBAL ABUSE	USE OF PROFANITY	NO AFFIDAVIT

Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED/NO CONVERSION	17-JUN-2015 12:05	DAUN, SHERRY	SUPERVISING INV COPA	113 /	
CLOSED AT C.O.P.A.	17-JUN-2015 11:47	DAUN, SHERRY	SUPERVISING INV COPA	113 /	
PENDING INVESTIGATIVE REVIEW	15-JUN-2015 10:34	KILLEN, BRIAN	INVESTIGATOR 3 COPA	113 /	
PENDING INVESTIGATION	15-JUN-2015 10:07	DAUN, SHERRY	SUPERVISING INV COPA	113 /	
PENDING INVESTIGATIVE REVIEW	10-JUN-2015 10:11	KILLEN, BRIAN	INVESTIGATOR 3 COPA	113 /	
PENDING INVESTIGATION	29-MAY-2015 11:28	DAUN, SHERRY	SUPERVISING INV COPA	113 /	
PENDING ASSIGN INVESTIGATOR	28-MAY-2015 03:17	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
PENDING ASSIGN TEAM	28-MAY-2015 03:16	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	28-MAY-2015 03:16	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
PRELIMINARY	28-MAY-2015 03:11	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	typos; change to "yes" Domestic
PENDING ASSIGN TEAM	27-MAY-2015 11:02	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	27-MAY-2015 11:01	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PRELIMINARY	27-MAY-2015 11:00	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	

Attachments

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					QUERFURTH, PATRICK	27-MAY-2015 11:00			
1	INVESTIGATION					KILLEN, BRIAN	02-JUN-2015 09:28			
2	CONFLICT CERTIFICATION					DAUN, SHERRY	29-MAY-2015 11:28			
3	CONFLICT CERTIFICATION					KILLEN, BRIAN	02-JUN-2015 09:28			
4	DOCUMENTS - INVESTIGATION		1	Information from the victim, [REDACTED]		BRUMFIELD, LUCILLE	03-JUN-2015 02:48	APPROVED		
5	DOCUMENTS - INVESTIGATION		1	CLEAR Data Warehouse service calls search for 01 May 2015 - 27 May 2015		BRUMFIELD, LUCILLE	03-JUN-2015 02:49	APPROVED		
6	DOCUMENTS - INVESTIGATION		2			BRUMFIELD, LUCILLE	03-JUN-2015 02:50	APPROVED		
7	DOCUMENTS - INVESTIGATION		2	CFD Mobile Reporting Unit EMS Incidents Record Request form for Advina or "[REDACTED]"		BRUMFIELD, LUCILLE	03-JUN-2015 02:51	APPROVED		
8	DOCUMENTS - INVESTIGATION		3	[REDACTED]		BRUMFIELD, LUCILLE	03-JUN-2015 02:52	APPROVED		
9	DOCUMENTS - INVESTIGATION		2	Law enforcement official's request for protected health information for Advina [REDACTED]		BRUMFIELD, LUCILLE	03-JUN-2015 02:58	APPROVED		
10	DOCUMENTS - INVESTIGATION		2	Law enforcement official's request for protected health information for Advina [REDACTED]		BRUMFIELD, LUCILLE	03-JUN-2015 02:59	APPROVED		
11	DOCUMENTS - INVESTIGATION		1	[REDACTED]		BRUMFIELD, LUCILLE	03-JUN-2015 02:59	APPROVED		
12	DOCUMENTS - INVESTIGATION		1	USPS Mail Receipts RE: St. Joseph's Hospital and Community First Medical Center	Y	KILLEN, BRIAN	08-JUN-2015 04:53	APPROVED		
13	DOCUMENTS - INVESTIGATION		1	USPS Mail Receipt RE: Letter to [REDACTED]	Y	KILLEN, BRIAN	08-JUN-2015 04:53	APPROVED		
14	DOCUMENTS - INVESTIGATION		1	RE: [REDACTED]	Y	KILLEN, BRIAN	10-JUN-2015 09:01	APPROVED		
15	DOCUMENTS - INVESTIGATION		2	[REDACTED]	Y	KILLEN, BRIAN	10-JUN-2015 09:06	APPROVED		
16	DOCUMENTS - INVESTIGATION		1	Community First medical Center	Y	KILLEN, BRIAN	15-JUN-2015 10:28	APPROVED		
17	DOCUMENTS - INVESTIGATION		1	St. Joseph's Hospital	Y	KILLEN, BRIAN	15-JUN-2015 10:29	APPROVED		
18	DOCUMENTS - INVESTIGATION		2		Y	KILLEN, BRIAN	15-JUN-2015 10:34	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
INVESTIGATIVE SUPERVISOR REVIEW		SUBMITTED	DAUN, SHERRY	SUPERVISING INV COPA	113	17-JUN-2015 12:05	In subsequent telephone conversations, the C/V's description of the incidents revealed no allegations of misconduct. Therefore the IPRA did not seek an affidavit.
INVESTIGATIVE SUPERVISOR REVIEW		RETURNED TO INVESTIGATOR	DAUN, SHERRY	SUPERVISING INV COPA	113	15-JUN-2015 10:07	Upload attachments.

Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
-------------	------------------------------	-------------	-------------	----------	------	-------------	---------

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
PORRATA, SHYLAH	2. Made a racial remark by saying, "Who let the nigger into the..."	DAUN, SHERRY	17-JUN-2015 12:05			NO AFFIDAVIT	
PORRATA, SHYLAH	1. Entered [REDACTED] residence without permission....	DAUN, SHERRY	17-JUN-2015 12:05			NO AFFIDAVIT	
PORRATA, SHYLAH	1. Entered [REDACTED] residence without permission....	DAUN, SHERRY	15-JUN-2015 10:07			NO AFFIDAVIT	
PORRATA, SHYLAH	2. Made a racial remark by saying, "Who let the nigger into the..."	DAUN, SHERRY	15-JUN-2015 10:07			NO AFFIDAVIT	
PORRATA, SHYLAH	2. Made a racial remark by saying, "Who let the nigger into the..."	KILLEN, BRIAN	10-JUN-2015 10:11			NO AFFIDAVIT	

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
PORRATA, SHYLAH	1. Entered [REDACTED] residence without permission....	KILLEN, BRIAN	10-JUN-2015 10:11			NO AFFIDAVIT	

Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments

Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
PORRATA, SHYLAH	Entered [REDACTED]s residence without permission.	05L OPS SUBCODE 05L		NO AFFIDAVIT	
PORRATA, SHYLAH	Made a racial remark by saying, "Who let the nigger into the house?"	001 GROUP 01 - VERBAL ABUSE		NO AFFIDAVIT	

FACE SHEET (Notification Date: 27-MAY-2015) - LOG #1075372

TYPE: INFO

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Reporting Party Victim					F			

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
22-MAY-2015 12:00 - 22-MAY-2015 12:00		12523	025	290 - RESIDENCE	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
CPD Employee	Accused	PORRATA, SHYLAH	5765	016 /	POLICE OFFICER	OFF Duty	The reporting party alleged that the accused officer, her step niece, entered her residence without her permission and questioned her about the medical condition of her mother. The reporting party alleged that the accused falsely accused her of "over medicating" her mother and had a police report completed. The reporting party alleged that the accused has interfered with her mother's medical treatment and had her hospitalized against her will. (Note: The reporting party has been caring for her mother for over 8 years.) The reporting party further alleged that the accused officer made a racial remark when she asked, "Who let the 'nigger' into the house."

Incident Details

CR Required?		Manner Incident Received?	BELL
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Motor Vehicle (V)?		Pursuit Related?	N
Non Disciplinary Intervention:	N	Violence in Workplace?	N
Initial Assignment:	IPRA	Domestic Violence?	Y
Notify IAD Immediately?	N		
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	N
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
05L - OPS SUBCODE 05L	Y
05L - GROUP 05 - OFFICE OF PROFESSIONAL STANDARDS INVESTIGATIONS DOMESTIC INCIDENT - NOT PHYSICAL	

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	DOMESTIC VIOLENCE	KILLEN, BRIAN (PRIMARY INV)	15-JUN-2015 10:07	DAUN, SHERRY	
IPRA	DOMESTIC VIOLENCE	DAUN, SHERRY (SUPERVISOR)	15-JUN-2015 10:07	DAUN, SHERRY	
IPRA	DOMESTIC VIOLENCE	KILLEN, BRIAN (PRIMARY INV)	29-MAY-2015 11:28	DAUN, SHERRY	
IPRA	DOMESTIC VIOLENCE	DAUN, SHERRY (SUPERVISOR)	28-MAY-2015 15:17	STOUTENBOROUGH, ANDREA	

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	DOMESTIC VIOLENCE	-	28-MAY-2015 15:17	STOUTENBOROUGH, ANDREA	
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	27-MAY-2015 11:00	QUERFURTH, PATRICK	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED/NO CONVERSION	17-JUN-2015 12:05	DAUN, SHERRY	SUPERVISING INV COPA	113 /	
CLOSED AT C.O.P.A.	17-JUN-2015 11:47	DAUN, SHERRY	SUPERVISING INV COPA	113 /	
PENDING INVESTIGATIVE REVIEW	15-JUN-2015 10:34	KILLEN, BRIAN	INVESTIGATOR 3 COPA	113 /	
PENDING INVESTIGATION	15-JUN-2015 10:07	DAUN, SHERRY	SUPERVISING INV COPA	113 /	
PENDING INVESTIGATIVE REVIEW	10-JUN-2015 10:11	KILLEN, BRIAN	INVESTIGATOR 3 COPA	113 /	
PENDING INVESTIGATION	29-MAY-2015 11:28	DAUN, SHERRY	SUPERVISING INV COPA	113 /	
PENDING ASSIGN INVESTIGATOR	28-MAY-2015 03:17	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
PENDING ASSIGN TEAM	28-MAY-2015 03:16	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	28-MAY-2015 03:16	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
PRELIMINARY	28-MAY-2015 03:11	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	typos; change to "yes" Domestic
PENDING ASSIGN TEAM	27-MAY-2015 11:02	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	27-MAY-2015 11:01	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PRELIMINARY	27-MAY-2015 11:00	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	

INDEPENDENT POLICE REVIEW AUTHORITY

27 May 2015
Log#1075372

TO: Chief Administrator
Independent Police Review Authority

FROM: Inv. James Lukas, #117

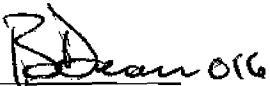
SUBJECT: INFORMATION FROM THE VICTIM, [REDACTED], CELL-[REDACTED]
[REDACTED]; HOME-[REDACTED]

On 27 May 2015, at approximately 2135 hours, the R/I telephoned the victim, [REDACTED] who provided additional information. [REDACTED] said she was under medication and could not speak long. She also said she did not have the dates of different incidents readily at hand, but would supply them when she was interviewed at IPRA. She said she would call IPRA on 28 May 2015 to schedule her interview.

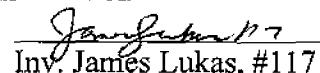
Ms. [REDACTED] in essence, but not verbatim, related that the accused officer, Shylah Porrata, entered her home, 4048 W. George, during an incident on 25 May 2015 (a service call in CLEAR was found for that address for 26 May 2015). The incident occurred after [REDACTED] sister, who is bi-polar, pounded on the front door from outside, and the door was opened by someone inside. [REDACTED] said the entry into her home was part of a plan to hospitalize her mother, the victim, [REDACTED]. Ms. [REDACTED] said that after the door was opened, two male officers (one Hispanic, the other, Italian) entered her house and made sure Ms. [REDACTED] medicines were in her purse. A Fire Department vehicle also arrived at the house. Eventually, Officer Porrata entered the house. A Fire Department ambulance transported Ms. [REDACTED] to Community First Medical Center, 5645 W. Addison. [REDACTED] said Ms. [REDACTED] was later transferred to St. [REDACTED], where she was given shock therapy that assisted her mental condition. Ms. [REDACTED] said she has not begun an attempt at becoming the guardian for Ms. [REDACTED]. Ms. [REDACTED] said she thought the officers who came to her home would give her a report of some sort regarding the hospitalization, but she did not receive any report.

[REDACTED] continued that Officer Porrata's use of the term, "nigger," occurred on a different date within the past two weeks, and that Officer Porrata used the term to refer to a painter named [REDACTED] who was working at Ms. [REDACTED] house. "[REDACTED] is Puerto Rican and is not dark-complected. Ms. [REDACTED] heard Officer Porrata say, "Who let the 'nigger' into the house?" or words to that effect after Officer Porrata entered the house. Ms. [REDACTED] was not sure who else might have heard the question. Ms. [REDACTED] and Ms. [REDACTED] son were in the house at the time Officer Porrata asked the question. Ms. [REDACTED] said Officer Porrata is not racist and was induced to use the term, "nigger," by Officer Porrata's mother (who was not on the scene). Ms. [REDACTED] said that Officer Porrata is fond of Ms. [REDACTED] Officer Porrata's grandmother, and is just upset over Ms. [REDACTED] mental condition and that she has to take medications.

Approved:


Brian O'Gorman

Supervisor, IPRA


Inv. James Lukas, #117

LOG # 1075372

Attachment # 4

**CLEAR Data Warehouse
Service Calls Search**

For

Date Range = 01-MAY-2015 - 27-MAY-2015

District/Area of Service = Districts, CityWide

Beat of Service = All Beats

Occurrence Street # Between= 4048 and 4048

Occurrence Street Direction = W

Occurrence Street Name = GEORGE

District/Area of Occurrence = Districts, CityWide

Beat of Occurrence = All Beats

Report Date= 5/27/2015 Requested By= [REDACTED]

EVENT_NO	RD_NO	ENTRY_DATE	CALLER_NAME	OCCURRENCE_ADDRESS	SERVICE_ADDRESS	INITIAL_DISPATCH	FINAL_DISPATCH	INITIAL_DISPOSITION	FINAL_DISPOSITION
[REDACTED]		26-MAY-2015 10:22		4048 W GEORGE ST	4048 W GEORGE ST	DISTURBANCE MENTAL	DISTURBANCE MENTAL		MISC. INC./OTH POLICE SER
[REDACTED]		26-MAY-2015 12:40		4048 W GEORGE ST	4048 W GEORGE ST	NO POLICE SERVICE	NO POLICE SERVICE		

This results table currently has 2 records in it.

For Official Police Use Only! Not For Dissemination!

Event # [REDACTED]

Type	Location	Date	Pri	DG	Svc Beat	Disp
DISTME	[REDACTED]	26-MAY-2015 10:22:13	1A	025	2523	19P
Source	Response Level	Caller	Phone			
E	1	[REDACTED]				
Address of Occurrence [REDACTED]			Occ Beat 2523			

Event Chronology

Date	Activity	Wkstn	Person	Text
26-MAY-2015 10:20:15	REC	PCT56	[REDACTED]	Floor, CallerName have been changed.
26-MAY-2015 10:22:13	ENTRY	PD41		2523
26-MAY-2015 10:24:38	DSP	PD41		2522
26-MAY-2015 10:24:58	DSP	PMDT2621		2522
26-MAY-2015 10:25:01	ACK	PMDT2621		2522
26-MAY-2015 10:25:03	ENR	PMDT2621		2522
26-MAY-2015 10:31:44	ACK	PMDT2613		2523
26-MAY-2015 12:04:17	CLEAR	PMDT2621		2522
26-MAY-2015 12:05:16	CLEAR	PD40		2523 D/19P
26-MAY-2015 12:05:16	CLOSE	PD40		D/19P
	RMKS		[REDACTED]	W/SISTER WHO HAS MENTAL PROBLEMS ARGUING W/COMP RE MOTHER--COMP STATED SHE HAS POWER OF ATTORNEY OVER MOTHER & WANT SISTER REMOVED. NFI

Unit Summary

Unit	Dispatch	Enroute	Onscene	T	TA	TC	Clear
2523	10:24:38						12:05:16
2522	10:24:58	10:25:03					12:04:17

1075372
6

Event # [REDACTED]

Type	Location	Date	Pri	DG	Svc Beat	Disp
NPS	[REDACTED]	26-MAY-2015 12:40:28	4	025	2523	
Source	Response Level	Caller			Phone	
E		[REDACTED]				
Address of Occurrence					Occ Beat	
[REDACTED]					2523	

Event Chronology

Date	Activity	Wkstn	Person	Text
26-MAY-2015 12:37:56	REC		[REDACTED]	
26-MAY-2015 12:40:28	ENTRY	PCT39	[REDACTED]	/ via event type
26-MAY-2015 12:40:28	ADVD	PCT39	[REDACTED]	CONNECTED W IPRA FOR INFO
	RMKS		[REDACTED]	NFIMN



BUREAU OF SUPPORT SERVICES
MOBILE REPORTING UNIT
EMS Incidents Record Request Form

Attention Mobile Reporting Unit Staff

Please complete as much of the below information that you can verify requesting a run sheet:

Date of run 26 MAY 15 Ambulance UNK Time 1000 - 1400 hr.

Run Number 9-1-1 Event Number

Name of Patient ROQUE, Adrina or "Dina" DOB:

Address of Incident 4048 W. GEORGE ST.

Hospital Transported to COMMUNITY FIRST MEDICAL CENTER (OUR LADY OF RESURRECTION)

By signing below you agree with this statement: I have requested this document and I understand that its use and disclosure is governed by "HIPPA 42 U.S.C § 1320(d) et seq. (2002). I am authorized and approved to have workforce access to this document to carry out my duties and will abide by the City of Chicago's policy on Loss and Disclosure for "HIPPA 45 C.F.R §§ 164.502(g) 2002.

THE ITEMS BELOW THE LINE ARE MANDATORY BEFORE PROCESSING.

Print Name and Rank Tim Lukas Inv.

Signature of requesting Officer Tim Lukas 117

Specific reason for the request INVESTIGATION OF LOG #1075372

ASAP Next Day X Non-Priority

OG # 1075372

Attachment # 7

 *** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. [REDACTED]
 DEPT. ID [REDACTED]
 DESTINATION ADDRESS [REDACTED]
 SUBADDRESS [REDACTED]
 DESTINATION ID CFD Ambulance Reports
 ST. TIME 05/28 22:22
 TX/RX TIME 00' 21
 PGS. 1
 RESULT OK
 COMM. MODE ECM



BUREAU OF SUPPORT SERVICES
 MOBILE REPORTING UNIT
 EMS Incidents Record Request Form

Attention Mobile Reporting Unit Staff

Please complete as much of the below information that you can verify requesting a run sheet:

Date of run 26 MAY 15 Ambulance UNK Time 1000 - 1400 hr.

Run Number 9-1-1 Event Number

Name of Patient or DOB:

Address of Incident 4048 W GEORGE ST.

Hospital Transported to COMMUNITY FIRST MEDICAL CENTER (OUR LADY OF RESURRECTION)

By signing below you agree with this statement: I have requested this document and I understand that its use and disclosure is governed by "HIPPA 42 U.S.C § 1320(d) et seq. (2002). I am authorized and approved to have workforce access to this document to carry out my duties and will abide by the City of Chicago's policy on Loss and Disclosure for "HIPPA 45 C.F.R §§ 164.502(g) 2002.

THE ITEMS BELOW THE LINE ARE MANDATORY BEFORE PROCESSING.

Print Name and Rank Tim Lucas Inv.

Signature of requesting Officer

Specific reason for the request INVESTIGATION OF LOG #1075372

ACAD

Next Day

Non-Priority



City of Chicago Fire Department

3510 S Michigan Ave, 2nd Floor, Chicago IL 60616 (312) 745-9705
Official Department Copy

Incident Number

Patient

Complaint

SICK PERSON

Case Status

CLOSED

INCIDENT

PATIENT

DATES/TIMES

Case #

Name (First/MI/Last)

Incident #

Gender

F

DISPATCHED

05/26/2015 11:26:04

Case Status **CLOSED**
Incident Type **SICK - SICK PERSON**
Agency To Sch **EMERGENCY**

DOB/Age

76 yr

ENROUTE

05/26/2015 11:26:19

Address **4048 W GEORGE ST**

Race/Lang.

Hispanic /

AT SCENE

05/26/2015 11:34:49

Address 2

Weight

150 lb

AT PATIENT

05/26/2015 11:35

City, St., Zip **CHICAGO, IL 60641**

Address

Loc. Type **HOME (RESIDENCE)**

City, St. Zip

Loc. on Disp **HOSPITAL**

SSN

Agency/Unit **CFD / A07**

Insur. Co.

MEDICAID

Shift/Veh. **EMS 1 /**

Policy/Group

MEDICARE

Skillset **ALS**

Insur. Co. 2

Policy/Group 2

Delay to Sch. **TRAFFIC**

CRFW

Re: Name (Qualification) Emp, Cert, Badge

PIC: JOHN PETTINGER (PIC), 20400

MI: WENDELL SMOOT (P), 21302, 21302

Hx PRESENT

Subject Description/Details

Cause **SUBSTANCE ABUSE**
Complaint **OVERDOSE DURATION: UNKNOWN**
Symptom **CONFUSED**

IN SUMMARY AMBULANCE CREW CALLED FOR THE SICK PERSON. UPON OUR ARRIVAL PATIENT FOUND IN CARE OF ENGINE 91 ALERT AND ORIENTED X1. GRANDDAUGHTER STATES SHE IS A CPD OFFICER. GRANDDAUGHTER STATES PATIENT LIVES WITH GRANDDAUGHTERS AUNT. GRANDDAUGHTER STATES PATIENT IS OVER MEDICATED BY AUNT. GRANDDAUGHTER STATES PATIENT CAN NORMALLY MOVE ON HER OWN AND NO SHE IS WEAK. PATIENT IS COMPLETELY ORIENTED AND CAN ANSWER ALL QUESTIONS AND TAKE CARE OF HERSELF AND WHEN THE AUNT OVER MEDICATES PATIENT SHE GETS CONFUSED AND STARTS SPEAKING SPANISH. GRANDDAUGHTER STATES PATIENT SPEAKS ENGLISH NORMALLY. CINCINNATI PREHOSPITAL STROKE SCALE NEGATIVE. IL MASONIC CONTACTED AND APPROVED TRANSPORT TO ST JOSEPH. 4-4-11 APPROVED TRANSPORT TO ST JOSEPH. PATIENT TRANSPORTED TO ST JOSEPH ED WITHOUT INCIDENT. ON ARRIVAL TO ST JOSEPH PATIENTS ORIENTATION IMPROVED BUT WAS NOT ORIENTED X3. ALL TIMES APPROXIMATE.

Hx PAST

Subject Description/Details

Allergies **Celebrex**
Medications **Famotidine, Fluoxetine Hydrochloride, Quetiapine Fumarate, Linaclootide, Bupropion Hydrochloride, Lyrica, Clonazepam, Aspirin**
Pre-existing **DEPRESSION**
Pre-existing **CANCER RIGHT BREAST**

FINDINGS

100-10953-72
8


City of Chicago Fire Department

 3510 S Michigan Ave, 2nd Floor, Chicago IL 60616 (312) 745-3705
 Official Department Copy

Incident Number

Patient

Complaint

Case Status

SICK PERSON

CLOSED

Subject	Description/Details
Initial	PT FOUND POSITION: SITTING
LOC	ORIENTATION: ORIENTED X 1 AVPU ALERT
AIRWAY	STATUS: PATENT
BREATH	QUALITY: NON-LABORED (R) LS: CLEAR (L) LS: CLEAR CHEST WALL EXPANSION: EQUAL EXPANSION
CIRCUL	STATUS: PRESENT SITE: RADIAL STRENGTH: NORMAL REGULARITY: REGULAR CAP. REFILL: NORMAL (< 2 sec)
SKIN	CAP. REFILL: NORMAL (< 2 sec) TEMP: NORMAL COLOR: NORMAL MOISTURE: NORMAL
GCS	SCORE: 14 EYES: 4-SPONTANEOUS VERBAL: 4-CONFUSED MOTOR: 6-OBEYS COMMANDS
EYES	(R) REACTIVITY: REACTIVE (L) REACTIVITY: REACTIVE (R) SIZE: NORMAL (L) SIZE: NORMAL
Physical impression	GENERAL - EXAM NO TRAUMA ALTERED MENTAL STATUS

CARE EVENTS

Time	Event	Details	By
11:27	BSI	Amb Crew: YES Gloves: YES	
11:38	OXYGEN	Indication: MEDICAL CARE Tx Authorization: SMO'S Delivered By: NASAL CANNULA Flow Rate: 2 LPM	PETTINGEI
11:39	VITALS	Pulse: 108 Pulse Reg: REGULAR BP: 102/70 RR: 18 SpO2%: 95 ROOM AIR	
11:39	LOC	Orientation: ORIENTED X 1 Avpu: ALERT	
11:39	AIRWAY	Status: PATENT	
11:39	BREATH	Quality: NON-LABORED (R) LS: CLEAR (L) LS: CLEAR Chest Wall Expansion: EQUAL EXPANSION	
11:39	CIRCUL	Status: PRESENT Site: RADIAL Strength: NORMAL Regularity: REGULAR Cap. Refill: NORMAL (< 2 sec)	
11:39	GCS	Score: 14 Eyes: 4-SPONTANEOUS Verbal: 4-CONFUSED Motor: 6-OBEYS COMMANDS	
11:39	SKIN	Temp: NORMAL Color: NORMAL Moisture: NORMAL	
11:39	EYES	(R) Reactivity: REACTIVE (L) Reactivity: REACTIVE (R) Size: NORMAL (L) Size: NORMAL	
11:39	NEURO	Facial Droop: NONE Arm Drift: NONE Speech: NORMAL Grips: STRONG - BILATERAL	
11:43	IV ACCESS	Indication: MEDICAL CARE Tx Authorization: SMO'S Gauge: 20 Site: (L) HAND Result: SUCCESSFUL Fluid: SALINE LOCK Rate: SALINE LOCK Volume Infused: MINIMAL	SMOOT W
11:44	BLOODSUGAR	Blood Sugar: 103	
11:53	VITALS	Pulse: 104 Pulse Reg: REGULAR BP: 116/78 RR: 18 SpO2%: 99 WITH O2	
11:58	VITALS	Pulse: 104 Pulse Reg: REGULAR BP: 111/78 RR: 18	
11:58:04	ECG	Resulting Rhythm: SINUS RHYTHM Rate: 106 Blocks: NONE Ectopy: NONE	PETTINGEI



City of Chicago Fire Department

3510 S Michigan Ave, 2nd Floor, Chicago IL 60616 (312) 745-3705
Official Department Copy

Incident Number

Patient

Complaint

Case Status

SICK PERSON

CLOSED

RESULT

Disposition:
TX / TRANS BY THIS UNIT

Destination:
ST. JOSEPH

Dest. Reason:
REQ BY PT RELATIVE

Urgency from Scn.:
EMERGENCY

Delay from Scn.:
TRAFFIC

Pt. Convey TO Vehicle:
STAIR CHAIR

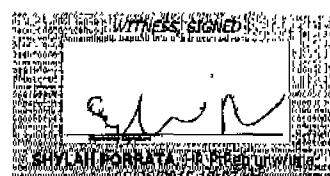
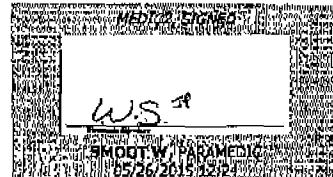
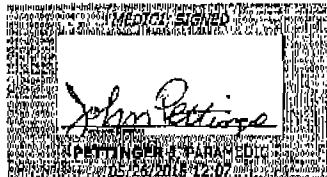
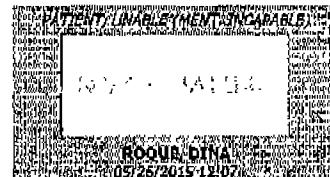
Pt. Convey FROM Vehicle:
STRETCHER

Pt. Convey IN Vehicle:
STRETCHER

Med. Control Name:
ROBIN

Med. Control Number:
ILLINOIS MASONIC

AUTHORIZATION



Person Type	Name	Address	Phone Number(s)
SIGNER	SHYLAH PORRATA	6565 W SCHORSCH CHG, IL 60634	



INDEPENDENT POLICE REVIEW AUTHORITY
CITY OF CHICAGO

02 June 2015
Log #1075372

Community First Medical Center
Medical Records Section
5645 W. Addison Street
Chicago, IL 60634

The City of Chicago's Independent Police Review Authority is requesting your cooperation to secure the Medical Records of the patient named below concerning medical treatment he/she received.

Patient:
Address:

[REDACTED]

Date of Birth:
Social Security #: Unknown
Date(s) of Service: On or about 26 May 2015

Please send the Medical Records to:

Independent Police Review Authority
1615 W. Chicago Ave., #400
Chicago, IL 60622
ATTN: Inv. Brian Killen

If you have any questions or require further information, please contact me at 312-746-3609. Your immediate attention will greatly be appreciated. Thank you.

Sincerely,


Inv. Brian Killen #129

LOG # 1075372

MacNeal 9

**LAW ENFORCEMENT OFFICIAL'S REQUEST FOR
PROTECTED HEALTH INFORMATION**
CITY OF CHICAGO INDEPENDENT POLICE REVIEW AUTHORITY

TO: Community First Medical Center DATE: On or about 26 May 2015
(Name of institution, individual or department)

RE: Log #1075372 / [REDACTED]
(Case name and number, and name of individual)

I am a law enforcement official as defined by the Health Insurance Portability and Accountability Act (HIPAA). *See* 42 U.S.C. §1320(d) *et seq.* (2002). *See also* Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160, 162 & 164 (2002). I am employed by the City of Chicago and work for the City of Chicago's Office of Professional Standards.

I am serving this investigative demand on you so that I may receive any and all protected health information of:

Name: _____

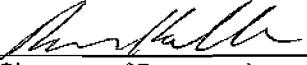
Birth Date: 31 January 1939

Address: 4048 W. George Street, Chicago IL 60641

Social Security Number: (Unknown)

In accordance with 45 C.F.R. §164.512(f), I certify that:

- (1) The information sought is relevant and material to a legitimate law enforcement inquiry;
- (2) This request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and
- (3) De-identified information cannot be reasonably used.


(Signature of Requestor)

Inv. Brian Killen, #129
(Name of Requestor) (Please Print)

312-746-3609
(Telephone Number of Requestor)





INDEPENDENT POLICE REVIEW AUTHORITY
CITY OF CHICAGO

02 June 2015
Log #1075372

St. Joseph's Hospital
Medical Records Section
2900 N. Lake Shore Drive
Chicago, IL 60657

The City of Chicago's Independent Police Review Authority is requesting your cooperation to secure the Medical Records of the patient named below concerning medical treatment he/she received.

Patient: [REDACTED]
Address: [REDACTED]

Date of Birth: [REDACTED]
Social Security #: Unknown
Date(s) of Service: On or about 26 May 2015

Please send the Medical Records to:

Independent Police Review Authority
1615 W. Chicago Ave., #400
Chicago, IL 60622
ATTN: Inv. Brian Killen

If you have any questions or require further information, please contact me at 312-746-3609. Your immediate attention will greatly be appreciated. Thank you.

Sincerely,



Inv. Brian Killen, #129

LOG # 1075372

10 WEST 35TH STREET, SUITE 1200, CHICAGO, ILLINOIS 60616

Attachment # 10

**LAW ENFORCEMENT OFFICIAL'S REQUEST FOR
PROTECTED HEALTH INFORMATION**
CITY OF CHICAGO INDEPENDENT POLICE REVIEW AUTHORITY

TO: St. Joseph's Hospital DATE: On or about 26 May 2015
(Name of institution, individual or department)

RE: Log #1075372 / [REDACTED]
(Case name and number, and name of individual)

I am a law enforcement official as defined by the Health Insurance Portability and Accountability Act (HIPAA). *See* 42 U.S.C. §1320(d) *et seq.* (2002). *See also* Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160, 162 & 164 (2002). I am employed by the City of Chicago and work for the City of Chicago's Office of Professional Standards.

I am serving this investigative demand on you so that I may receive any and all protected health information of:

Name: _____

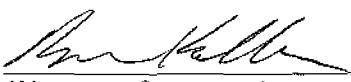
Birth Date: _____

Address: _____

Social Security Number: (Unknown)

In accordance with 45 C.F.R. §164.512(f), I certify that:

- (1) The information sought is relevant and material to a legitimate law enforcement inquiry;
- (2) This request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and
- (3) De-identified information cannot be reasonably used.


(Signature of Requestor)

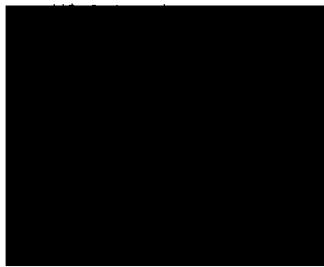
Inv. Brian Killen, #129
(Name of Requestor) (Please Print)

312-746-3609
(Telephone Number of Requestor)



INDEPENDENT POLICE REVIEW AUTHORITY
CITY OF CHICAGO

02 June 2015
Log #1075372



On 27 May 2015, a complaint against a Chicago Police Officer was registered on your behalf under LOG #1075372. It is necessary for our office to obtain a recorded statement from you and have you sign a Sworn Affidavit as required by law.

Please call me as soon as possible so that an appointment for your statement can be scheduled. If it is more convenient for you, I can come to your residence. If you do not want to provide a recorded statement, please let me know. I can be reached at (312) 746-3594, ex. 1115. I typically work 09:00 am to 5:00 pm. There is someone here to answer our phones. If I am unable to take your call, please leave me a voice mail and I will return your call as soon as I am able.

There is a Domestic Violence Advocate available to you. Her name is Pat Naujoks and she specializes in assisting people involved in problematic relationships with Chicago Police Officers. Pat Naujoks can be reached at (312) 743-0174 and often checks her voice mail.

Sincerely,

Investigator Brian Killen, #129

LOG # 1075372

Attachment # 11

INDEPENDENT POLICE REVIEW AUTHORITY

08 June 2015
Log #1075372



Log#1075372
APT# 12

CPD 0337275

INDEPENDENT POLICE REVIEW AUTHORITY

08 June 2015
Log #1075372

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Mail RECD/DPRT/AM/Inv. #1075372

Postage	\$	1075372
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark
Here

Sent To [REDACTED]
Street, Apt. No.; [REDACTED]
or PO Box No. [REDACTED]
City, State, ZIP+4 Chicago, IL 60641

PS Form 3800, August 2006 See Reverse for Instructions

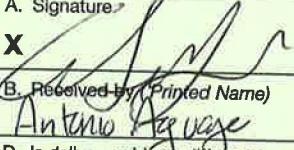
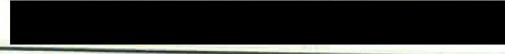
Log #1075372
AT # 13

INDEPENDENT POLICE REVIEW AUTHORITY

10 June 2015
Log #1075372

STRAIGHT MAIL

THE RETURN ADDRESS FOLDS AT THE DOTTED LINE
STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received By (Printed Name) <i>Antonio Argueta</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <i>AT# 14</i></p>	
1. Article Addressed to: 		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)  <i>Log# 1075372</i>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

Log# 1075372
AT# 14

INDEPENDENT POLICE REVIEW AUTHORITY

04 June 2015

Log #1075372

1075372

TO: Chief Administrator
Independent Police Review Authority

FROM: Inv. Brian Killen, #129

SUBJECT: Telephone Contact with Complainant, [REDACTED] (F/H; DOB: [REDACTED]; 4048 W. George Street; [REDACTED])

On 04 June 2015, at approximately 1050 hours, the R/I dialed 773-960-6313) and spoke with a female subject who identified herself as the complainant, [REDACTED]. According to Ms. [REDACTED] Officer Porrata is her niece. Ms. [REDACTED] brother is Officer Porrata's father.

[REDACTED] stated that she is the owner of the residence at 4048 W. George Street. Ms. [REDACTED] stated that her mother, [REDACTED] lives with her, and that she has been taking care of the ailing Ms. [REDACTED] for the past several years. Ms. [REDACTED] suffers numerous health issues, including cancer and dementia. Ms. [REDACTED] explained that this incidence is a result of an on-going fight between her and several members of her family, including her sister, Veronica Camacho, and Officer Porrata, who believe Ms. [REDACTED] is neglectful toward Ms. [REDACTED]. Ms. [REDACTED] also stated several members of her family want Ms. [REDACTED] to be cared for in an assisted-living facility, but Ms. [REDACTED] refuses to allow her mother to be taken out of her home.

Ms. [REDACTED] stated that on the day of this incident she was home with her mother, her son (20 YOA; [REDACTED]; Same Address), and her friend, [REDACTED] (773-387-8877; Address Unknown). Ms. [REDACTED] sister, [REDACTED] arrived at her home and they began to argue. Ms. [REDACTED] called the police to have them remove Ms. [REDACTED] from her home. Ms. [REDACTED] stated at some point during the argument Ms. [REDACTED] called Officer Porrata. Ms. [REDACTED] stated that Officer Porrata arrived at her home after the responding officers and the paramedics arrived. Ms. [REDACTED] stated that either her son or her friend let Officer Porrata in the house. Officer Porrata, who was off-duty, spoke with the police officers and paramedics, giving them a brief history of Ms. [REDACTED] medical history. After the paramedics examined and spoke with [REDACTED] they transported her to the hospital.

Log# 1075372
AJ #15

INDEPENDENT POLICE REVIEW AUTHORITY

Log #1075372

Page 2

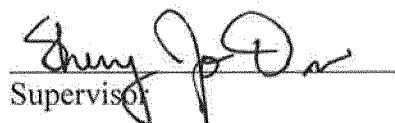
SUBJECT: Telephone Contact – [REDACTED] (continued)

Ms. [REDACTED] stated the Officer Porrata was not making a racial remark, but only repeating what her mother said to her about the painter [REDACTED] had working inside her home. [REDACTED] stated she did not know anything about a false police report, and added that she is unaware of Officer Porrata making any type of police report.



Inv. Brian Killen, #129

APPROVED:


Supervisor

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>Brian Hunter</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Brian Hunter</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;"><i>2009 JUN 9</i></p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>1. Article Addressed to: <i>Community First Medical Center Medical Records 5645 W. Addison St. Chicago, IL 60634</i></p> <p><i>Leg# 1075372</i></p>		<p>2. Article Number <small>(Transfer from service label)</small> <input type="text"/> [REDACTED]</p> <p>PS Form 3811, February 2004</p>	
		<p>Domestic Return Receipt</p> <p>102595-02-M-1540</p>	

1001 1075372
16

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
LESS FOLD AT POSTAL LINE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>Log # 1075372</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to: <i>St. Joseph's Hospital Medical Records 2900 N. Lake Shore Drive Chicago, IL 60657</i>		[Redacted]	
2. Article Number (Transfer from service label) PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

100 1075372
17

INVESTIGATOR'S CASE LOG Independent Police Review Authority	LOG NO. 1075372	DATE OF INCIDENT 22MAY15	PAGE NO. 01
DATE	TIME	ACTIVITY	INVESTIGATOR
22MAY15	1100	INITIATED LOG NUMBER	P. QUERFURTH
"	1130	CHECKED FOR EVENT ON PCAD (NEGATIVE); CHECKED FOR SERVICE CALL(S), INCIDENTS, AND VICTIM(S) ON INTRANET (ALL NEGATIVE)	G. MACK / M. CONNISON
- 11 -	1945	Pc → D. Molina, & answer → B) Deem	106
" "	2127	Called D. Molina's # [REDACTED] + left J. W. WOODS	J. W. WOODS
		a voicemail asking her to call back to schedule her interview.	
"	2135	Called D. Molina at her home # [REDACTED] J. W. WOODS	J. W. WOODS
		Call D. Molina on 28 May 15 to schedule her interview.	
23 May 15	1040	Telephoned and received by D. Molina, UNAVAILABLE for 1 week - 100% F - INC/NS	B
"	~ ~ ~	Ordered possible ambulance report for Mr. Roque	
29 May 15		Investigation assigned to K/T	B/K/T
02 Jun 15		Sent Medical records request to Community First Medical Center	B/K/T

LOG NO. 1075372

ATTACHMENT NO. _____

INVESTIGATOR'S CASE LOG			LOG NO.	DATE OF INCIDENT	PAGE NO.
Independent Police Review Authority			1075372	22 May 15	2
DATE	TIME	ACTIVITY	INVESTIGATOR		
02 JUN 15		Sent Report for Medical Record from St. Joseph's Hospital	B. Kell		
	1600	Attempted to contact Delilah Mohr [REDACTED] left voicemail	B. Kell		
		Sent letter to Delilah Mohr	B. Kell		
03 JUN 15	1525	Attempted to contact Delilah Mohr [REDACTED] Mr. Brown, Rabat leave a message, voicemail full	B. Kell		
04 JUN 15	1050	Telephone contact: Delilah Mohr (Calgary)	B. Kell		
05 JUN 15		Received USPS ^{Report} [REDACTED]: St. Joseph's Hospital	B. Kell		
		Received USPS Report: Community Care Network	B. Kell		
		Received USPS Report: Delilah Mohr	B. Kell		
10 JUN 15		Received Certified Mail Inquiry: Delilah Mohr	B. Kell		
		Investigation Submitted for Supervisor Review	B. Kell		

I.P.R.A. (01/08)

ATTACHMENT NO.